



# Incident Report

Print Date/Time: 05/08/2016 13:57

Login ID: ss0139

Lake Stevens Police Department

ORI Number: WA0311900

Incident: 2016-00008625

**Incident Date/Time:** 5/7/2016 12:57:11 PM  
**Location:** SR 9 SE / 20TH ST SE  
LAKE STEVENS WA 98258  
**Phone Number:** (509) 768-0432  
**Report Required:** No  
**Prior Hazards:** No  
**LE Case Number:**

**Incident Type:** Collision  
**Venue:** Lake Stevens  
**Source:** 911  
**Priority:** 1  
**Status:** 1  
**Nature of Call:**

## Unit/Personnel

Unit	Personnel
19D2	SS0132-Kilroy
19R2	SS0127-Adams
19S15	SS0126-Hingtgen

## Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	GIRVAN-WITNESS, MARTY					

## Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
Involved Vehicle						AAK7754	
Involved Vehicle						ARE3323	

## Disposition(s)

Disposition	Count
R	1

## Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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## CAD Narrative

**05/07/2016 : 13:54:59 ss0132 Narrative: Tow onscene**

**05/07/2016 : 13:40:13 SP0374 Narrative: SPEEDWAY TOWING ER BUT CAUGHT IN TRF AND ITS MOVING VERY SLOWLY**

**05/07/2016 : 13:23:12 SP0168 Narrative: SPEEDWAY TOWING ENRT**

**05/07/2016 : 13:07:14 SP0152 Narrative: 3 GRN PTS**

**05/07/2016 : 12:59:00 SP0168 Narrative: ADULT FEM, CABN, BROKEN THUMB**

**05/07/2016 : 12:58:22 sp0251 Narrative: HIGH SPEED TBONE, UNK INJS**

**05/07/2016 : 12:57:42 SP0422 Narrative: 2 VEH, INJ, BLCKING**

## 16-00008625, 050716 COLLISION REPORT

STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT

1591971

REPORT NO. **E541012**

INTERSTATE	<input type="checkbox"/>	CITY STREET	<input checked="" type="checkbox"/>	FIRE RESULTED	<input type="checkbox"/>
STATE ROUTE	<input type="checkbox"/>	OTHER	<input type="checkbox"/>	STOLEN VEHICLE	<input type="checkbox"/>
COUNTY RD	<input type="checkbox"/>	PRIVATE WAY	<input type="checkbox"/>	HIT & RUN INVOLVED	<input type="checkbox"/>

TRIBAL RESERVATION	
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CASE #	2016-8625
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LOCAL AGENCY CODING	
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TOTAL # OF UNITS	02	OBJECT STRUCK	
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DATE OF COLLISION	05	-	07	-	2016	TIME (2400)	1257	COUNTY #	31	MILES		N	<input type="checkbox"/>	E	<input type="checkbox"/>	IN	<input checked="" type="checkbox"/>	OF	<input type="checkbox"/>	CITY #	0664
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ON (PRIMARY TRAFFIC WAY)	INTERSECTION	<input type="checkbox"/>	NON-INTERSECTION	<input checked="" type="checkbox"/>		
20TH ST SE				BLOCK NO.	<input checked="" type="checkbox"/>	9700
				MILE POST	<input type="checkbox"/>	

DISTANCE	25	00	MILES	<input checked="" type="checkbox"/>	N	<input type="checkbox"/>	E	<input checked="" type="checkbox"/>	OF (REFERENCE OR CROSS STREET)	SR 9 NE
			FEET	<input checked="" type="checkbox"/>	S	<input type="checkbox"/>	W	<input type="checkbox"/>		

UNIT 01	MOTOR VEHICLE	<input checked="" type="checkbox"/>	PEDAL-CYCLE	<input type="checkbox"/>	DAMAGE THRESHOLD MET	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	PHONE	D: 5592887154
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LAST NAME	VANLANDINGHAM	FIRST NAME	APRIL	MIDDLE INITIAL	L
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STREET NEW ADDRESS	2405 84TH AVE NE
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CITY	LAKE STEVENS	ST	WA	ZIP	982586458
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #	VANLAAL240NM	STATE	WA	SEX	F	D.O.B.	MMDDYYYY	08	-	14	-	1976
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ON DUTY	<input type="checkbox"/>	STATUS		AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	7	NATURE OF INJURIES	BACK
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LICENSE PLATE #	AAK7754	STATE	WA	VIN#	1FMFU18568LA27424
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2008	MAKE	FORD	MODEL	EXP4D	STYLE	UT	VEHICLE TOWED	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. GREGORY VANLANDINGHAM 2529 87TH AVE NE LAKE STEVENS WA 98258

LIABILITY INSURANCE IN EFFECT	<input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	GEICO 4111-79-78-76	VEHICLE LEGALLY STANDING	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	CITATION #		CHARGE	
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UNIT 02	MOTOR VEHICLE	<input checked="" type="checkbox"/>	PEDAL-CYCLE	<input type="checkbox"/>	PEDESTRIAN	<input type="checkbox"/>	PROPERTY OWNER	<input type="checkbox"/>	DAMAGE THRESHOLD MET	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	PHONE	D: 4257741619
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LAST NAME	LUDER	FIRST NAME	TERRY	MIDDLE INITIAL	L
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STREET NEW ADDRESS	18421 60TH AVE W
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CITY	LYNNWOOD	ST	WA	ZIP	980374355
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CDL	A	RESTRICTIONS	K	ENDORSEMENTS	L, N
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DRIVER'S LICENSE #	LUDERTL456Q6	STATE	WA	SEX	M	D.O.B.	MMDDYYYY	11	-	26	-	1955
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ON DUTY	<input type="checkbox"/>	STATUS		AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES	
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LICENSE PLATE #	ARE3323	STATE	WA	VIN#	19UUA566XYA064562
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2000	MAKE	ACUR	MODEL	32TL4D	STYLE	4D	VEHICLE TOWED	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	TOWED BY	SPEEDWAY	GOVT. VEHICLE	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. TERRY LUDER 18421 60TH AVE W LYNNWOOD WA 98037

LIABILITY INSURANCE IN EFFECT	<input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	SAFECO H1859975	VEHICLE LEGALLY STANDING	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	CITATION #		CHARGE	
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OFFICER'S NAME (PRINT)	J. KILROY #0132	BADGE OR ID #	#0132	AGENCY	WA0311900
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PART A 3000-345-159 R (7/06)

PAGE 01 OF 3


**STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E541012**CASE # **2016-8625**
**ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)**

NAME (LAST, FIRST, MIDDLE INITIAL)		<b>ADAMS JULIE A</b>																	
ADDRESS & PHONE # <b>18421 60TH AVE W LYNNWOOD WA 980374355</b>														SEX <b>F</b>	D.O.B. MMDDYYYY <b>01</b>	-	<b>15</b>	-	<b>1958</b>
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	<b>2</b>	SEAT POS.	<b>3</b>	AIRBAG	<b>2</b>	RESTR.	<b>4</b>	EJECT	<b>1</b>	HELMET USE		INJURY CLASS	<b>6</b>	NATURE OF INJURIES <b>BROKEN FINGER</b>	
NAME (LAST, FIRST, MIDDLE INITIAL)																			
ADDRESS & PHONE #														SEX	D.O.B. MMDDYYYY	-		-	
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)																			
ADDRESS & PHONE #														SEX	D.O.B. MMDDYYYY	-		-	
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	

**NARRATIVE**

Unit 1 was traveling west on 20th St SE making a left turn in the 9700 block. Unit 2 was traveling east on 20th St SE. Unit 1 made a left turn and struck unit 2.

Unit 1 was at fault due to not yielding the right of way.

Passenger in unit 2 was hurt. Unit 2 was towed from the scene.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

**J. KILROY #0132**
**05-07-16 05:25 PM**

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

**SGT. C. VALVICK 0071**

DATE

**5/7/2016 6:25:57 PM**

BADGE OR ID #	<b>#0132</b>	ORI #	<b>WA0311900</b>	TIME POLICE DISPATCHED	<b>12:58 PM</b>	TIME POLICE ARRIVED	<b>1:01 PM</b>
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**PART B** 3000-345-160 R (7/06)

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REPORT NO. E541012

CASE # 2016-8625

DATE AND TIME  
OF COLLISION 05/07/16 12:57

